



# The Caritas Response to HIV and AIDS: Responding to New Challenges but Rooted in Catholic Teaching and Tradition

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# Caritas Internationalis

162 member organisations in more than 200 countries and territories



# Major Caritas actions in the global HIV response

- Dissemination of information and educational opportunities about HIV and AIDS among its member organizations and other Church structures in all parts of the world;
- Promotion of solidarity in support of HIV and AIDS programs sponsored by Caritas and other Catholic structures in developing countries;
- Advocacy on the global, national, and local levels for a more comprehensive laws and policies to assure full access to care, treatment, support and education among those living with and/or affected by the pandemic;
- Discouragement of stigma and discrimination and encouragement of compassionate, non-judgmental care and attention toward those who directly know the impact of HIV.



# Partnerships within the Caritas Confederation and with other Catholic organisations

- First partnering task - within the membership of Caritas Internationalis;
- Strategic and continual programme of education about HIV and AIDS undertaken;
- Target audiences:
  - National and Regional Episcopal Conference structures
  - Professional staff and volunteers of church-based organisations
  - Participants coming from other Catholic Church-related agencies and structures, such as clergy, religious, and lay pastoral workers as well as those working in health care institutions, family life ministries, schools and catechetical programmes, and youth outreach.

# The **CARITAS** **PARTNERSHIP** *Guiding Principles*

- Dignity of the Human Person
- Gender Equity
- Social Justice
- Preferential option for the poor
- Solidarity
- Subsidiarity



# AIDS Funding Network Group Guidelines

- Include prevention, care, and advocacy, collaboration and networking;
- Work to address the psychological, spiritual, social, economic, pastoral and health needs of people living with and affected by HIV;
- Aim to prevent stigma and discrimination by breaking the silence around HIV and AIDS, defending human rights and seeking to achieve justice.





# Catholic AIDS Funding Network Group Criteria

- HIV projects must respect human rights, provide objective, scientifically accurate, non-judgmental and non-discriminatory information and services;
- HIV project proposals must help to create and strengthen indigenous coping mechanisms which will be characterized by self-help and community involvement;
- HIV projects should have clear objectives, activities, and appropriate change indicators;
- HIV project proposals must not stand alone but relate appropriately to existing development and/or health activities.



# Partnerships with governmental structures

- Caritas Rwanda sits on the Country Coordinating Mechanism for the Global Fund to Fight AIDS, TB, and Malaria;
- The Kenya Catholic Secretariat serves as Vice Chair of the Country Coordinating Mechanism in that country;
- Catholic Relief Services national outreach office in The Gambia is the Global Fund's principal recipient for TB treatment funding;
- Until very recently, Caritas East Timor coordinated the national TB Control and Treatment programme;
- Catholic Relief Services leads a consortium for antiretroviral treatment receiving PEPFAR (U.S. President's Emergency Programme for AIDS Relief) funds amounting to \$24.7 million in FY 2004 and \$49.3 million in FY 2005;
- The Catholic Agency for Overseas Development in England and Wales receives block grant funding from DFID for support of HIV and AIDS programmes;
- Archdiocese of Ho Chi Minh was asked to staff AIDS unit of major drug "rehabilitation" centre sponsored by Vietnamese government





Joint United Nations Programme on HIV/AIDS  
**UNAIDS**  
UNEP-UNICEF-WFP-UNDA-UNITA  
UNDP-IO-UNFPA-UNHCR-WORLD BANK

# UNAIDS/Caritas Memorandum of Understanding



- Promotion of HIV/AIDS awareness and responsible behaviour, particularly among young people;
- Activities to mitigate the social and economic impact of the epidemic;
- Advocacy in line with the UNGASS Declaration of Commitment;
- Efforts to eliminate all forms of discrimination and stigmatisation of persons living with and affected by HIV and AIDS



## Ecumenical and inter-faith partnerships

- Close working relationship with Ecumenical Advocacy Alliance on preparations for 2006 UNGASS Review and for International AIDS Conference in Toronto
- Campaign on Trade Issues related to HIV and AIDS (special focus: paediatric treatment issues)
- “Faith Literacy” document for use by decision-makers and staff of governmental and inter-governmental structures



## Key Role played by the AIDS office of the Southern Africa Catholic Bishops' Conference in scaling up church-based programmes

- **Subject of UNAIDS Best Practice Collection: "A Faith-based Response to HIV in Southern Africa: The Choose to Care Initiative"**
- This study describes the work of the Choose to Care initiative of the Catholic Church in Southern Africa which began in 2000.
- It shows that effective scaling-up of programmes in the response to HIV does not necessarily have to be the expansion of a single central service.
- Working through the diocesan and parish system, coordinated by the AIDS Office Southern African Catholic Bishops' Conference, and originally funded by the Catholic Medical Mission Board and other Catholic funding agencies, the Catholic Church scaled up service provision by the replication of smaller scale programmes rooted in and responsive to the needs expressed by local communities in this five-country area.
- This study shows that such an approach is effective when undertaken within common guidelines and given central support.

In 1999, Bristol-Myers Squibb launched *Secure the Future* – a five-year programme through which US \$115 million was committed to nine African countries including five in Southern-Africa (South Africa, Swaziland, and Botswana, and – the same countries served by the SACBC AIDS Office) + Namibia and Lesotho with which SACBC AIDS office has a cooperative agreement.





# CMMB

CATHOLIC MEDICAL MISSION BOARD

## CMMB in Africa



### *Born to Live*

Preventing mother-to-child transmission of HIV in South Africa, Kenya and Zambia



### *Choose to Care*

Fighting HIV/AIDS in South Africa, Namibia, Swaziland, Botswana and Lesotho



### **TB DOTS**

Building a national model for combating tuberculosis in Zambia



### **Lymphatic Filariasis Elimination Program**

Eradicating a painful disease in the Upper West Region of Ghana

### **Regional Initiatives**

- 37 long-term volunteers placed in 2001-02
- \$24 million in medical products shipped in 1999-2001
- Over \$250,000 in training grants awarded since 1998
- Raising funds for drought relief in southern Africa



A CATHOLIC LEADER IN INTERNATIONAL HEALTHCARE  
FOUNDED IN 1928

- CMMB is a 75 year old US-based FBO
- Exclusively providing healthcare to people in need worldwide, focusing on strengthening health of vulnerable children and women
- CMMB collaborates with in-country faith-based umbrella organizations
- CMMB bases its programs on national priorities and guidelines, within WHO protocols



# Southern African Catholic Bishops' Conference

- Since 2000 the SACBC AIDS Office has co-ordinated the response of the Catholic Church to AIDS in South Africa, Swaziland and Botswana, strengthening and building on existing programmes, and helping to initiate new ones.
- The Continuum of Care in most of the programmes and projects linked to the SACBC has seen commitment to prevention, care and support to people infected and affected by AIDS.
- In the past five years home based care programmes have extended their outreach to include increasing care to orphans and children made vulnerable by AIDS.
- Expanding into Treatment became a real possibility in the second half of 2003 when the SACBC was invited to consider the possibility of becoming involved in the delivery of ARVs.





# CMMB and SACBC AIDS Office Collaboration Choose to Care (Prevention, Care and Support) Initiative Sites in:



## Africa

- South Africa
- Swaziland
- Namibia
- Botswana
- Lesotho

- Brought HIV education to 98% of South Africa's Catholic dioceses
- Integrated HIV education into 45 schools in 8 provinces of South Africa

Between 2000 and 2003:

- Built capacity among more than 140 community-based organisations
- Provided service to more than 144,000 patients and orphans



# Programmes Developed as a Result of the Choose To Care Initiative

- Prevention
- Care
- Treatment
- Services for Orphans and Vulnerable Children
- Advocacy
- Capacity Building
- Interfaith Involvement
- Theological Reflection

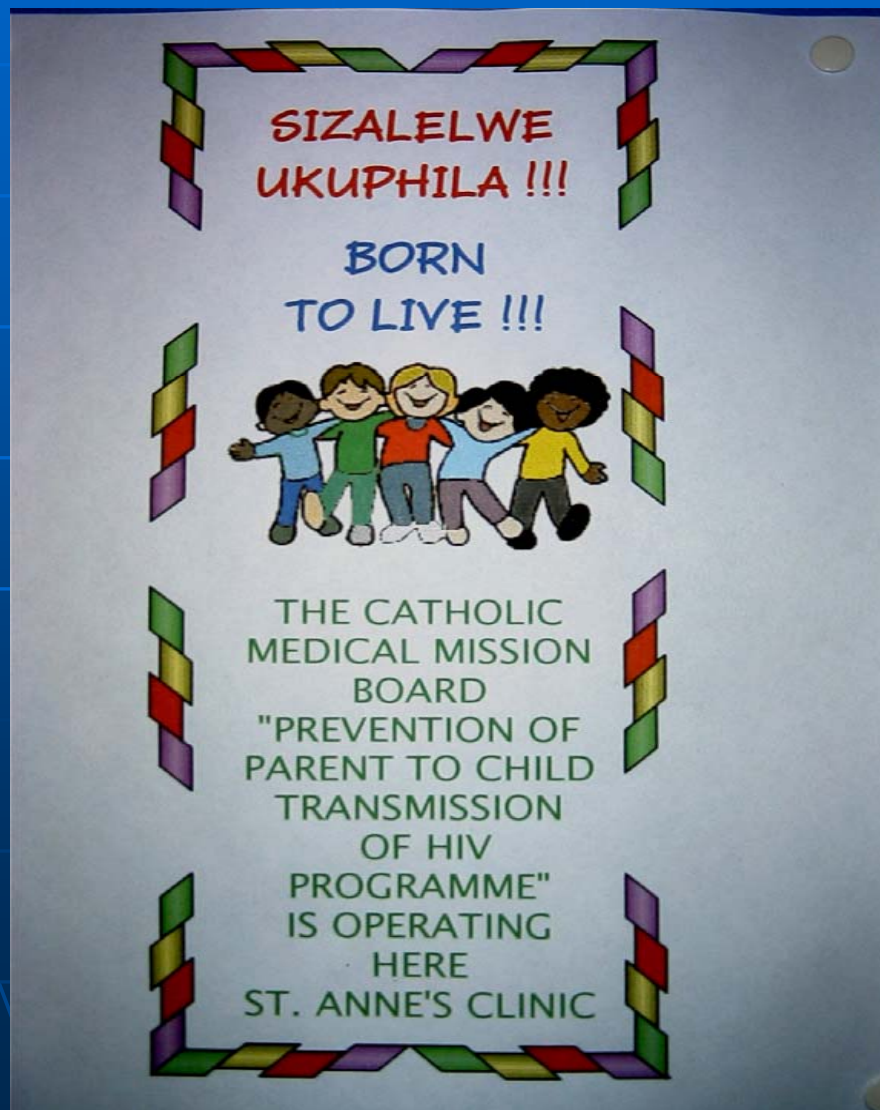
Prevention

# Education For Life-SA

*to make a difference*  
*Behaviour Change*

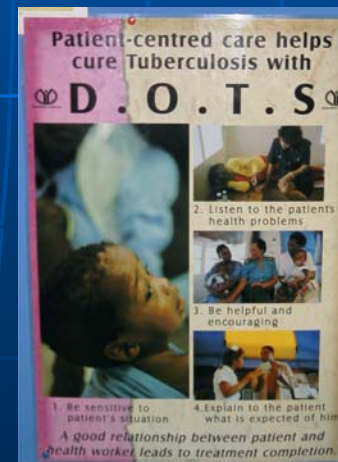


# Prevention of Mother-to-Child Transmission (PMTCT)





# Care and Treatment



# Services for Orphans and Vulnerable Children





# Advocacy



# Capacity Building



# Theological Reflection



# Interfaith Involvement







# Evaluating the Choose to Care Initiative

In 2003, an evaluation by Department of Sociology of University of Pretoria of 61 projects supported by SACBC AIDS office found:

- Since the establishment of the SACBC AIDS Office at least one Catholic response to AIDS had been developed in each of the forty dioceses covered in the region;
- One of the major advantages of the Church response to AIDS in the region is an extensive, well-established network among congregations, including the most isolated communities.
- The challenge remains to mobilize every diocese and parish from Church leadership to congregation level;
- Significant challenges remain even in the churches, including:
  - Stigma
  - Denial
  - Discrimination

# Dr. Maretha de Waal, University of Pretoria, in SACBC evaluation report:

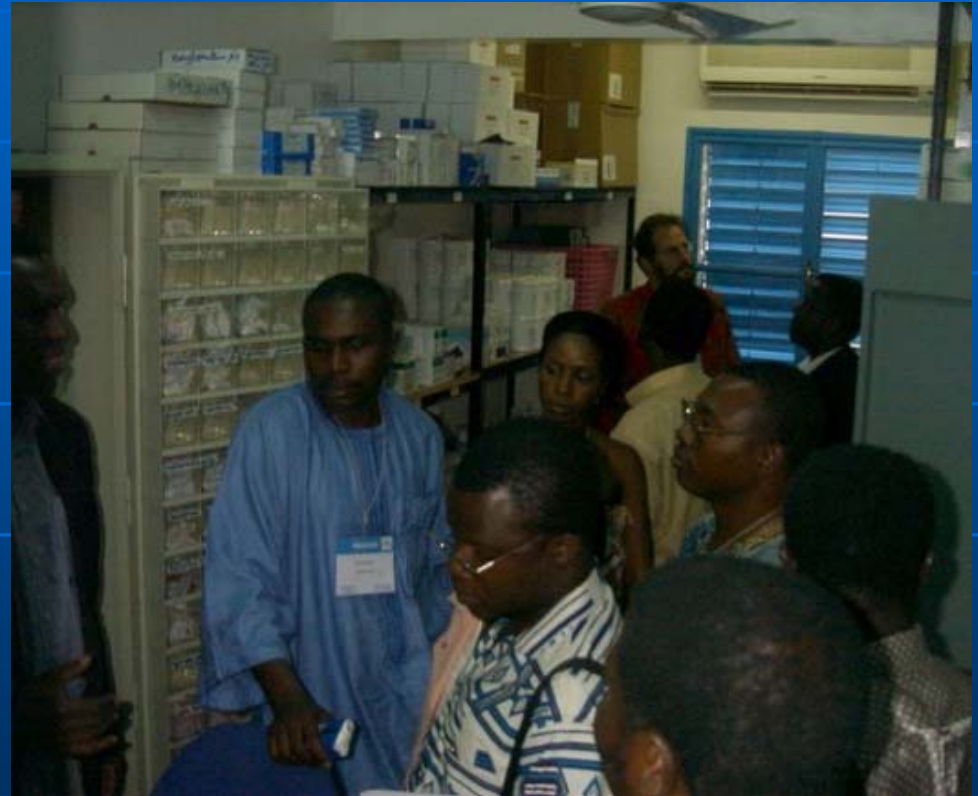
- Faith-based organisations play a crucial role in the fight against HIV/AIDS.
- The involvement of faith-based organisations is multifaceted and includes organisations, spiritual, emotional, psychological and value-related issues.
- Faith leadership plays an important role in motivating people to become involved in HIV/AIDS-related work ...
- Faith underpins and propels the response of the Church as an institution to the HIV/AIDS epidemic.
- The morality of care and compassion obliges individuals and organisations to become involved in the prevention and spread of HIV and to care for the sick or those whose lives are affected by the sickness or death or family members."



# The road towards Universal Access



# ARV Programming ...



# More findings from Dr. de Waal:

- Plans for the implementation of ART (anti-retroviral treatment) through funding secured by the SACBC AIDS Office commenced in 2002, at a time when there was no commitment from the South African government to make ARV treatment available.
- The ARV sites of the SACBC aim at complementing government programmes in areas where government-funded ARV-treatment is not available, notably in resource-poor communities.
- All SACBC sites work with government referral sources and use the government's treatment protocols and treatment regimens. Staff are trained in government accredited programmes. It was agreed to also use the government's patient tracking forms, so the patients who move around may be able to continue treatment.
- In addition, SACBC ARV programmes also accept patients on long waiting lists at government hospitals and are open to both South African and non-South African citizens. Patient numbers are reported to government using the government format.





# Testimonies of programme beneficiaries

- “The health care workers were very good. **I got the best love from the care workers.** They are very good when it comes to working with people. They gave me support all the way until I delivered the babies.”
- “I disclosed to my mother ... She gave me love like she did when I was suffering from TB. She has not changed. She brings me money every month ... They are happy that I am better and beautiful. They love me so much.”
- “I told my employer first, immediately after getting the results. He was shocked and heartbroken, but he accepted. After that I told my brother and then the rest of my family and relatives. They have all accepted and life is normal. They are happy that I am getting treatment and that I will be getting out of the hospital. My colleagues and co-workers do not know what is wrong with me.”



# “Roadmap” for FBO Partnerships – “Read the Signs of the Times”

“The battle against AIDS ought to be everyone’s battle. ...I ...ask pastoral workers to bring to their brothers and sisters affected by AIDS all possible material, moral and spiritual comfort. I urgently ask the world’s scientists and political leaders, moved by the love and respect due to every human person, to use every means available in order to put an end to this scourge.”

Source: Pope John Paul II, *Ecclesia in Africa*, 14 September 1995, #116.



**AIDS is so limited  
It cannot cripple love  
It cannot shatter hope  
It cannot corrode faith  
It cannot take away peace  
It cannot kill friendship  
It cannot silence courage  
It cannot invade the soul  
It cannot reduce eternal life  
It cannot quench the spirit  
Our greatest enemy is not disease  
But despair**

From *African Women, HIV/AIDS, and Faith Communities*, ed. By Isabel Apawo Phiri et al., Pietermaritzburg: Cluster Publications, 2005, p. 269.